UTILITY	Attorr	Attorney Docket No. 004/00003						
			First Named Inventor or Application Identifier Kaori Yasufuku et al.					33.
TRANSMITTA	<u>_</u>	Title	Title CONNECTOR			- · · · · · ·	6904:	
Convertor con nonprovisional applications under 37 (C.F.R. 1.53(b))	Expre	ss Mail Label	No.				09/
		" 			Commissio		Potonto	<u> </u>
APPLICATION	ELEMENTS		ADDRE	SS TO:	D A	ations		
named in the pric	[Total Pages h below] Intion Ited Applications I	[42]] [23]] [23]] [24] [24]	Nucleo Submi a.	mputer R cation Se CD-RC paper nents veri MPAN' nent pape 3.73(b) S there is a Translation Disclosert (IDS)/I nary Ame Receipt F I be specification of the	ers (cover shee Statement an assignee) on Document (i osure PTO-1449 andment Postcard (MPEF iffically itemized	Sequennecessa (CRF) (ORF) (ORF) (ORF) (ORF) (ORF) (CRF	or copies FION PARTS ument(s)) wer of Attorney able) pies of IDS	
and 1.33(b) 6. Application Data Sheet. See	37 CFR 1.76							
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No. Prior application information: Examiner Group/Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS								
□ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code : label here) or ☑ correspondence address below								
NAME		Polloci	, Vande Sand		nernick, R.L.	L.P.		
ADDRESS			Suite 800 1990 M Street, N.W.					
CITY	Washington	STATE	DC	;	ZIP COD	E	20036-342	5
COUNTRY	U.S.A	TELEPHON	E (202) 331	-7111	FAX		(202) 293-62	29

				Fee Calculation	n and Tran	smittal	_		
	(Col 1)] Γ	(Col 2)	(Col 3) SMA		SMALL ENTITY		NON-	SMALL ENTITY
	NO. FILED	1 [NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	20	minus	20	= 0	x9=	\$		x18=	\$
INDEP	5	minus	3	= 2	x40=	\$		x80=	\$160
	First Presentation	on, Multiple	e Dependent	Claims	+135=	\$		+270=	\$
Y-		Base	Filing Fee			\$355			\$710
Other Fee (sp	ecify purpose)		Assig	nment recordal		\$			\$40
TOTAL FILING FEE* (accounting for possible small entity status)					\$	OR	TOTAL	\$910	

		ount of \$ 910 to cover the filing fee is enclosed losed at this time. Full payment will be made when the executed Declaration is submitted.
X	The Director is her sheet is enclosed.	eby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this
		Charge the amount of \$ as filing fee Credit any overpayment. Charge any additional filing fees required under 37 CFR § 1.16 Charge any additional filing fees required under 37 CFR § 1.17 If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

Name (Print/Type)	Burton A. Amemick	Registration No. (Attorney/Agent)	24,852
Signature	But Oan	Date	October 16, 2000